## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

BP 3038

	C	(Column 2)			SMALL ENTITY TYPE		or_	OTHER THAN SMALL ENTITY				
TOTAL CLAIMS			(Column 1)				ſ	RATE	FEE		RATE	FEE
			NUMBER FILED		NUMBER EXTRA		ı	BASIC FEE	375.00	OR	SASIC FEE	750.00
OR		- OLANAC				* 0		X\$ 9=		OR	X\$18=	140
OTAL OTHER LOCAL					* (						X84=	- /
NDEPENDENT CLAIMS 7			<u> </u>					X42=		OR	704-	33E
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
If th	e difference in	er "0" in co	lumn 2		TOTAL		OR	TOTAL	1270			
11 61		AIMS AS A	AMENDED - PART II (Column 2)		RT II	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS			HEST	Column	1		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAI FEE
	Total *		Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>
	Independent ,	<u> </u>	Minus	***		=	1	X42=		OR	X84=	
	FIRST PRESEN	ITATION OF N	MULTIPLE DE	PENDE	NT CLAIM					1	000	
								+140=		OR	TOTA	L
								ADDIT. FEE		OR	ADDIT. FE	E <b>L</b>
		(Column 1)			lumn 2) GHEST	(Column :	3)		ADDI-	7		ADDI
AMENDMENT B		CLAIMS REMAINING AFTER	19	NI PRE	JMBER VIOUSLY AID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TION/ FEE
	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	
	Independent	*	Minus	***		=		X42=		OF	X84=	
	FIRST PRESE	NTATION OF	MULTIPLE D	EPENDE	NT CLAIM				+		000	1
								+140=		OF	TOT	
								TOTA ADDIT. FE	<u> </u>	OI	ADDIT. F	EE
				IC.	olumn 2)	(Column	3)					
		(Column 1	1)									ADI
IT C		(Column CLAIMS REMAINING AFTER	G	PR	HIGHEST NUMBER EVIOUSLY	PRESEN		RATE	ADDI TIONA FEE	۸L	RATE	TION
	Total	CLAIMS REMAINING AFTER AMENDMEI	G	PR	NUMBER			RATE X\$ 9=	TION/ FEE	۸L	V046	E TION FE
	Total Independent	CLAIMS REMAINING AFTER	G NT	PR F	NUMBER EVIOUSLY PAID FOR	EXTRA		X\$ 9=	TION	AL 0	R X\$18	E TION FE
AMENDMENT C	Total Independent FIRST PRES	CLAIMS REMAINING AFTER AMENDMEI	G NT Minus Minus	PR F	NUMBER EVIOUSLY PAID FOR	= = =		X\$ 9= X42=	TIONA	0	R X\$18	E TION FE
AMENDMENT	Total Independent FIRST PRES	CLAIMS REMAININ AFTER AMENDMEI  *  *  ENTATION O	Minus  Minus  Minus  F MULTIPLE	PR PR ** **	NUMBER EVIOUSLY PAID FOR DENT CLAI	= = M		X\$ 9=	TIONA	0	X\$18 X84 AR +280	TION FE